

TRS Retirement Counseling Appointment Request

Please type or print all information clearly.

Applicant's Name: _____
Last First Middle Int.

Mailing Address: _____
Street Address or P. O. Box

City State Zip code

Date of Birth: _____ **Social Security #:** _____ and/or **PID #:** _____

Sex: ☐ Male ☐ Female **Email Address:** _____

Work Phone: (____) _____ **Home Phone:** (____) _____ **Cell Phone:** (____) _____

If you need information about purchasing Prior or Withdrawn Service or any other issues you wish to discuss during your appointment, please indicate such on the back of this form.

***Proposed Retirement Date:** Month _____ 1, Year _____.

Are you participating in DROP at this time? ☐ Yes ☐ No

Employer: _____ **Number of Years of Service:** ** _____

**(Date will be used to calculate an estimate of benefits.)*

*** (Do not include service credit you intend to purchase – must be service credit as of today.)*

Please complete this section:

Number of sick days: _____ Current Contract Type > circle one: 12 mos. / 10 mos. / 9 mos.

Job Classification (Principal, Bus Driver, Teacher, etc.): _____

List 2 site choices for your individual counseling appointment.

1st Choice _____
(Location)

2nd Choice _____
(Location)

Mail this request form to:

TRS Benefits Division ♦ Attn: Appointments ♦ P. O. Box 302150 ♦ Montgomery AL 36130-2150

- You will be notified by mail 4 weeks prior to your session stating your **appointment date and time.**
- **Day and Time slots are filled in time order and are not subject to change.**
- No field appointments will be made by phone and no faxes or emails will be accepted to register.

To **cancel** your appointment, please call the Retirement Systems of Alabama at 1-877-517-0020. Request to speak to the Field Appointment Coordinator in the TRS Benefits Division. Cancellations should be made as soon as possible but no later than 1 week prior to the appointment. There is generally a waiting list for each appointment.

** To receive a confirmed appointment, you must be **within 3 years of retirement eligibility**. If your file indicates otherwise, you will not be scheduled for a counseling appointment but will be notified of the inaction.*

Signature of Applicant: _____

Retirement Systems of Alabama
www.rsa-al.gov

For RSA Office Use Only:
Date: _____
Order: _____
Confirmed with Letter:
